

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website. The mailing address is considered your public contact address.



MAINE STATE BOARD OF NURSING

161 Capitol Street • 158 State House Station
Augusta, Maine 04333-0158
(207) 287-1133

APPLICATION FOR LICENSE AS A LICENSED PRACTICAL NURSE BY ENDORSEMENT

DO NOT WRITE IN THIS SPACE

Application Received	_____	Application Approved by Board of Nursing:	_____
Fee: <input type="checkbox"/> CC <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO	_____	_____	Chair
License Date	_____	_____	Executive Director
LICENSE NUMBER	_____	_____	Date

INSTRUCTIONS

An applicant must submit to the Board of Nursing office the following:

1. application form completed in ink or typewritten and properly notarized with signature in applicant's handwriting, and
2. fee of \$50 in the form of Visa/Mastercard, U.S. check or money order in U.S. funds, made payable to the Treasurer of State of Maine, and
3. recent passport type photograph (2x2 and not more than two years old), signed and dated, and enclosed with the application form
4. original source transcripts are required if prepared in a foreign country, otherwise **only** on request after review of the application

It is imperative that you supply us with your entire name, including any and all previously used names. If you do not have middle, maiden, or previous names, then you must write NONE in the appropriate space.

YOU MAY NOT PRACTICE NURSING IN MAINE UNTIL YOU RECEIVE AUTHORIZATION FROM THIS OFFICE.

THE APPLICATION FEE IS NOT REFUNDABLE

SECTION I. PROFILE INFORMATION

Print legal name	_____	_____	_____	_____
	(first)	(full middle)	(maiden)	(last)
List any other names used previously	_____			
Mailing address* (street)	_____			
*This is considered your public contact address.	_____			
	(city)	(county)	(state and zip code)	
Residential address (if different from above)	_____			
Telephone Number(s)	_____	_____	_____	
	(home)	(mobile)	(business)	
Email address	_____		Social Security #:	_____
Birthplace	_____		Date of Birth	_____
	(city/state)		(month/day/year)	
High School	_____			
	(name and location)			
Date of Graduation	_____	G.E.D. <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of G.E.D Diploma	_____

SECTION II. BASIC NURSING EDUCATIONSchool of Practical Nursing _____
(name)_____
(address)

Date of Entrance _____ Date of Graduation _____ Length of Program* _____

Practical Nursing Program ☐Waivered ☐Equivalent Preparation ☐**SECTION III. LICENSURE HISTORY**

Original registration: Year License No. By Exam?:
Y N
State _____
Y N
Country (if applicable) _____
Y N

SECTION IV. EMPLOYMENT INFORMATION

- A. List employment in nursing for the past five years.

Name of Agency	City and State	Dates of Employment

- B. If you have not been employed in nursing in the last five years, please explain. _____

- C. Are you currently employed in nursing?
- ☐
- YES
- ☐
- NO

If yes, indicate name, address and phone number of employer _____

- D. Where in Maine do you plan to work? (if known, please list name of facility and phone number) _____

SECTION V. DISCIPLINARY INFORMATION

- A. Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? ☐ YES ☐ NO
- B. Is there any complaint pending against your license in any state or jurisdiction? ☐ YES ☐ NO
- C. Have you ever been disciplined for problems resulting from a physical illness or condition? ☐ YES ☐ NO
- D. Have you ever been disciplined for problems resulting from mental illness? ☐ YES ☐ NO
- E. Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug? ☐ YES ☐ NO
- F. Have you ever been disciplined for problems resulting from chemical dependency? ☐ YES ☐ NO

G. For any criminal offense, including those pending appeal, have you: (please circle below all that apply)

☐ YES ☐ NO

- a. Been convicted of a misdemeanor?
- b. Been convicted of a felony?
- c. Pled nolo contendere, no contest, or guilty?
- d. Received deferred adjudication?
- e. Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- f. Been sentenced to serve jail or prison time? court ordered confinement?
- g. Been granted pre-trial diversion?
- h. Been arrested or have any pending criminal charges?
- i. Been cited or charged with any violation of the law? (other than parking tickets and/or other traffic violations)
- j. Been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

H. Are you currently the target or subject of a grand jury or governmental agency investigation?

☐ YES ☐ NO

NOTE: If you answered "YES" to questions A-G listed above, attach a letter of explanation that is dated and signed indicating the circumstance you are reporting to the Board. If you answered "YES" to questions G or H, you must also attach the document(s) showing the disposition of the case(s).

SECTION VI. DECLARATION OF LEGAL RESIDENCE

- A. I declare that the State of _____ is my primary state of residence as of _____ (date) and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.)
- B. Upon licensure in Maine, in which state(s) do you intend to practice?
- C. Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government? ☐ YES ☐ NO

TAPE TOP ONLY

one recent photograph

Sign back of photo and indicate year taken

Photo must be:

Full face view

Passport type

← 2 x 2 only →

Clear and recognizable likeness

I, the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine, that the statements contained herein and on all attachments are true and correct in every respect, that I have complied with all requirements of the law, and that I have read and understand this affidavit.

Signature of Applicant _____

Sworn to before me this _____ day of _____, 20 _____.

(SEAL)

Notary Public _____

My commission expires _____ in and for the State of _____